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Religious perspectives on the use of psychopharmaceuticals as an enhancement technology

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ABSTRACT

The use of psychopharmaceuticals as an enhancement technology has been the focus of attention in the bioethics literature. However, there has been little examination of the challenges that this practice creates for religious traditions that place importance on questions of being, authenticity and identity. We asked expert commentators from six major world religions to consider the issues raised by psychopharmaceuticals as an enhancement technology. These commentaries reveal that in assessing the appropriate place of medical therapies, religious traditions, like secular perspectives, rely upon ideas about health and disease and about normal human behavior. But unlike secular perspectives, faith traditions explicitly concern themselves with ways in which medicine should or should not be used to live a 'good life'.

KEYWORDS: Enhancement; bioethics, psychopharmacology, religion

The development of modern psychiatry and the emergence of biological explanations of illness have led to an increasing reliance on pharmaceuticals to treat mental illness and emotional problems. Over the past two decades, in particular, there has been a striking increase in the use of anti-depressant and anti-anxiety medication (Horwitz & Wakefield, 2007; McManus, et al., 2007). The reasons for this uptake include increased awareness of mental health issues, broadly inclusive diagnostic criteria for mental illness, and the emergence of direct-to-consumer advertising (Horwitz & Wakefield, 2007). It has also become clear, however, that psychopharmaceuticals are being prescribed and consumed in situations where people do not have diagnosable psychiatric conditions (The President's

Council on Bioethics, 2003). The term ‘cosmetic psychopharmacology’ is often used to describe this phenomenon, i.e. the use of psychopharmaceuticals for ‘personal enhancement’ or ‘self-improvement’ – improving mood and concentration, reducing anxiety, and creating less withdrawn, more confident people – thereby enabling people to live, what they may regard as, more fulfilling, productive, and enriched lives (Kramer, 1993).

The use of psychopharmaceuticals by people who do not have psychiatric illness raises serious clinical, regulatory and economic issues. But, it also raises a number of important *moral* questions about the value of certain moods or traits and the sanctioning of drug use to achieve not only physical, but also psychic well-being. These questions are of relevance both to secular bioethics and religious traditions. It may be possible, for example, that where medical technologies, such as anti-depressant and anti-anxiety medications, are used as a means of ‘self-improvement’, that they may undermine some important religious or sociocultural value, meaning or goal. It is equally possible, however, that psychopharmaceuticals may assist people to live fulfilling and meaningful lives – a goal that seems difficult to dispute.

In order to explore these questions, we invited respected scholars from six major religious traditions (Buddhist, Roman Catholic, Lutheran, Islamic, Jewish and Hindu traditions) to consider the issues raised by the prescription of psychopharmaceuticals outside of the treatment of mental illness. Given the marked heterogeneity within religious traditions with regard to the interpretation of religious texts and the issue of cosmetic psychopharmacology, the commentaries presented here do not provide exhaustive or definitive answers to these questions, and other members of these same traditions may well draw alternative conclusions. Their value to the current debate, therefore, is as a means of enriching the moral and philosophical discourse on cosmetic psychopharmacology.

COMMENTARIES

A Buddhist Perspective
Damien Keown

Despite its regional and doctrinal diversity all schools of Buddhism believe that the quest for personal fulfillment is central to living a meaningful life. According to Buddhist teachings, personal fulfillment is reached when the state of nirvana (spiritual awakening) is attained. This is thought to be a rare and difficult achievement that may take many lifetimes to accomplish. Buddhists believe that Siddhartha Gautama, the founder of the Buddhist religion, achieved this paradigm state of fulfillment at the age of 35. Although psychotropic drugs had been used for religious purposes in India since ancient times and the use of marijuana by Indian holy men was – and remains – widespread, Siddhartha (or ‘the Buddha’ as he was later known) did not make use of any such substances to achieve his aim. Indeed, the use of mind-altering drugs (principally alcohol) is discouraged and prohibited by the last of the ‘Five Precepts,’ an ancient and widely-observed list of moral injunctions. The Buddhist view has always been that the clarity of mind and intellectual lucidity needed to attain nirvana is best achieved through natural methods, and that the primary technique for obtaining clarity of insight is through meditation.

Buddhism would, therefore, tend to see artificial enhancement of the kind described as a temporary ‘quick fix’ rather than a permanent solution to the underlying problems. Furthermore, while palliation of emotional symptoms may not be harmful in the short term, it can lead to dependency and undermine the achievement of a more permanent solution.

Buddhist psychology detects a cyclic pattern in such conditions and observes that unless the causal sequence is permanently reset the effects will recur indefinitely. What is needed, therefore, is insight into the underlying causes giving rise to these unsatisfactory states of mind, and this insight, it is believed, can be attained only through deep reflexion and analysis of the kind facilitated by meditative practice.

It is well known that many College students in America use drugs such as Ritalin and Adderall to enhance their performance in examinations, and in a commentary in *Nature* in 2008 written in conjunction with several other prominent bioethicists and neuroscientists, Henry Greely (2008, p. 705) wrote, “[s]afe and effective cognitive enhancers will benefit both the individual and society”. He apparently regards their use as similar to traditional educational methods in improving intellectual performance and takes the view that such techniques are “morally equivalent to other, more familiar, enhancements”.

I doubt Buddhism would share this view of human intellectual development. Buddhism is by no means hostile to either human enhancement or scientific progress, and indeed its entire rationale as a religion could be summed up as the fulfillment of human potential. However, it sees this as a long-term project which will not be advanced by short-term solutions such as artificially enhancing performance at work or taking drugs to pass an examination.

While some schools of Buddhism believe there are shorter and longer paths to nirvana, there are none that believe a drug-induced short-cut exists. Instead, Buddhism has developed its own toolkit for human enhancement and has always taught that progress must be cumulative as opposed to sporadic, and situated in the context of a structured path to fulfillment. Research exploring the links between Buddhist meditation and neuroscience has been underway for some time (the work of Alan Wallace (2007) is of note here) and the benefits of meditation have been shown to be considerable. The track-record of pharmaceutical-based solutions, on the other hand, is open to question. Perhaps this is because where people ingest psychopharmaceuticals they do so as a passive recipient of treatment as opposed to an active agent who consciously chooses to engage in disciplined self-directed activity requiring commitment and sacrifice. Such activity thereby takes on the quality of a virtue and as such has transformative power, unlike something that is simply ‘done’ to the actor.

In sum, Buddhist objections to artificial enhancement are twofold. First, on a practical level, it does not work other than on a short-term basis, and short-term results are of little importance in the religious life. Second, on a moral level, the results achieved through artificial means are like forged paintings: they may resemble the real thing closely, but in the final analysis lack authenticity and value.

A Catholic Perspective

James J. Walter

There are three clarifications that need to be made in respect to the question of psychopharmaceutical use for personal enhancement. First, in the Catholic tradition a ‘meaningful life’ consists of a life of faith and commitment to justice. Thus, rather than speaking of a meaningful life that involves the quest for personal fulfillment or self-realization, the Catholic tradition would speak of a meaningful life that involves the quest for self-transcendence, or a life that involves the going beyond of the self in acts of both faith and justice.

Second, there is the distinction between 'therapy' and 'enhancement.' While some doubt there is any real difference between the two terms when it comes to the modification of the self through medical technology, the President's Council on Bioethics (2003, pp. 13-14) in the United States noted that such a distinction provides a useful starting place for a discussion of what medical technology can offer. 'Therapy' is the use of biotechnical power to treat individuals with known diseases, disabilities, or impairments, in an attempt to restore them to a normal state of health and fitness. 'Enhancement,' by contrast, is the use of biotechnical power to alter, by direct intervention, not disease processes but the 'normal' workings of the human body and psyche, to augment or improve their native capacities and performances. The Council argued that those who introduced this distinction hoped to distinguish between the acceptable and the dubious or unacceptable uses of biomedical technology. However, as the President's Commission noted, 'therapy' and 'enhancement' are overlapping categories: all successful therapies are enhancing, even if not all enhancements enhance by being therapeutic.

Notwithstanding a potential disagreement about the distinction between these two terms, the Catholic tradition does accept and use this distinction, (John Paul II, 1983; Congregation for the Doctrine of the Faith, 2008, §27) and thus I will use the distinction in my analysis below.

This distinction is important with regard to whether the use of psychopharmaceuticals to 'enhance' persons (by reducing sadness, anxiety or sense of alienation, or by increasing happiness) undermines some important value, meaning or goal. For if the goal of the drug use is to reduce sadness, anxiety or a sense of alienation, and these are not the features of a normal, healthy psyche, then the Catholic tradition would consider such use a 'therapy' and thus, in principle, morally permissible. However, if the goal in the use of psychopharmaceuticals is to 'increase happiness,' then such use could be considered 'enhancement' or the 'going beyond' the normal, and as such must be the subject of strict moral analysis.

The third clarification revolves around an evaluation of modern medical technology that could serve as the context for moral judgments on enhancement techniques to pursue 'happiness.' The Catholic tradition has adopted the position that reason and faith, science and religion, and medical technology and religious belief cannot contradict one another (John Paul II, 1998). Thus, the issue is not about medical technology or cosmetic psychopharmacology in themselves; rather the issue is concerned with the morality of the use of such means and to what ends these technologies are directed. The Catholic tradition is cautious about and sometimes critical of many features of modern technology. However, the tradition is hopeful that technology has the potential to be used for humane moral ends, but technology must be redirected in its uses for these ends to be realized.

If we turn specifically to the question of personal enhancement technologies in psychopharmacology, there are seven central teachings that determine the morality of these technologies from the official Catholic perspective, i.e., from the magisterial teachings of recent popes, bishops and the Second Vatican Council.

First, in principle there cannot be any inner contradiction between science and religion. In other words, what is discovered in scientific interpretations of the world cannot contradict what is discovered in religious interpretations, and vice-versa (Pius XII, 1954). Furthermore, there is a rightful independence or relative autonomy of science and technology from

religion; however, each has an important role to play in the final determination of morality (Paul VI, 1966).

Second, we are permitted to pursue various enhancing manipulations as long as we respect the natural law, i.e., the moral law that is inscribed in the nature of humans and their moral acts. In the Catholic tradition the order of nature grounds human morality, and this morality is not only objective but also in principle capable of being known by all people of goodwill. Concretely, the natural law requires that we respect the dignity of each human being, and thus the natural law would prohibit treating humans, including the self, as a means to some other end.

Third, the official teachings from the Roman Catholic church express a strong ethic of stewardship. This ethic points to two things: 1) we have a God-given responsibility for and toward all creation, including our own bodies; and 2) we are *not* the owners of our own bodies but only stewards over them, so we are *not* free to manipulate ourselves (or nature) at will (John Paul II, 2002a).

Fourth, the human body is not independent of the spirit. Concretely this means that we cannot expect to alter our bodies/psyches without also altering the body's/psyche's relation to our spiritual natures, i.e., who we are as a body-soul composite (John Paul II, 2002a).

Fifth, technologies aimed at the enhancement of the self are permissible as long as they tend to the real promotion of personal well-being of humans, without harming either human integrity or the common good or worsening human life (Congregation for the Doctrine of the Faith, 2008, §27).

Sixth, there is a fundamental relationship between scientific and technological research and the common good of society (Congregation for the Doctrine of the Faith, 2008, §27). This clearly indicates that all such efforts to manipulate the human for enhancement purposes involve not only ethical but also public policy implications.

Finally, not every scientific advance necessarily constitutes a real human progress (John Paul II, 2002b). Enhancement of the self or others whose aim is to promote a eugenic mentality is judged contrary to the personal dignity of the person and consequently contrary to the natural law. Such enhancements would also be violation of the principle of justice (Congregation for the Doctrine of the Faith, 2008, §27).

A Lutheran Perspective

Paul Nelson

Personal fulfillment is a concept one normally doesn't associate with Lutheranism. When asked about the meaning and purpose of life, Martin Luther is said to have replied "Leiden und Kruetz" (suffering and cross). For him, sorrow was concomitant with the human condition. Though he struggled on and off with what modern medicine would surely diagnose as depression, even on his better days he might have benefited from some pharmaceutical enhancement. Today, Lutherans hold less gloomy views. According to an Evangelical Lutheran Church in America Social Statement:

God creates human beings as whole persons – each one a dynamic unity of body, mind, and spirit. Health concerns the proper functioning and well-being of the whole person. ...This understanding of human wholeness means that concern for

health should attend to the physical, mental, spiritual, and communal dimensions of a person's entire well-being. Health is good for its own sake; it also is good for living abundantly in relationship with God and in loving service to our neighbor in the vocations to which God has called us. (2003, §4)

Moreover, Christians have a "responsibility to be a good steward of his or her own health out of thankfulness for the gift of life and in order to serve God and their neighbor. This means taking effective steps to promote health and prevent illness and disease" (Evangelical Lutheran Church in America, 2003, §9). The pursuit of personal fulfillment could therefore be seen as part of this stewardship.

The church recognizes "the right of individuals to be freely self-determining with regard to their own bodies and medical treatment decisions (autonomy)" and "supports an individual's freedom to make health care decisions according to her or his own conscience and moral discernment" (Evangelical Lutheran Church in America, 2003, §34). Although it was not addressed in the Statement, it would seem that if someone wishes to use drugs to improve mood and concentration, reduce anxiety, and become less withdrawn or more confident, there is no reason to reject this course of action out of hand. In fact, it might enable them to better serve God and their neighbor.

Ultimately people belong to God, and the exercise of self-determination should always be understood within that relationship. As Christians we discern our moral responsibilities through consulting Scripture, the experience of the community of faith, and the exercise of reason. We deliberate about our decisions not merely as patients..., but as seekers of God's will. We recognize that the broader dimensions of health and healing compel us to consider our neighbors and our love for them as we make decisions. Above all, we ask God for guidance, mercy, and forgiveness in all our decision-making. (Evangelical Lutheran Church in America, 2003, §34)

But the fact that something is permissible doesn't establish a presumption that it ought to be done.

Within the broad spectrum of Christian theology, the Lutheran tradition is known for its recognition of paradox. Lutherans talk about divine wrath and love, law and gospel, and the idea that Christians are declared righteous or justified before God while remaining sinners (*simul justus et peccator*) are prominent illustrations. A Lutheran appraisal of the promotion of health and the quest for personal fulfillment is similarly paradoxical. *Caring for Health* (Evangelical Lutheran Church in America, 2003, §9) warns that "it is good and proper that we attend to our health and healing; however, we show sin's power when we become unduly absorbed in our own selves and make health an idol...." The same might be said of personal fulfillment, by whatever means it is sought. And the means, themselves, may be problematic, if not idolatrous, in the church's reckoning.

We caution...against unrealistic faith in technological progress as the primary solution for overcoming social problems and all forms of sickness, suffering, and physical death. The many communal components of health such as community environments and interpersonal relationships prompt us to address those dimensions to prevent disease and improve health, rather than disproportionately favoring technological solutions. (Evangelical Lutheran Church in America, 2003, §24)

Whether the cosmetic use of psychopharmacology is, on balance, a good and responsible use of medical technology is, on the basis of *Caring for Creation*, difficult to determine.

No doubt, some Lutherans would be troubled by the notion that personal fulfillment could be achieved or enhanced by drugs. They would share the concerns of a United States government bioethics council when it warned against the medicalization of "the psychic pains of ordinary life" (The President's Council on Bioethics, 2003, p. 261). Any 'happiness' or 'fulfillment' produced by a pill would be an ersatz substitute for the real thing. Genuine *human* flourishing worthy of the name should be the result of what we do, love or achieve. Negativities in our present or remembered past should not be erased by medication. Rather they should be faced, and it is out of that confrontation that character is strengthened. What the Council calls the "solipsistic" or "slavish" self, pursuing fulfillment via psychopharmacology undermines both human dignity and the ability to contribute to society (The President's Council on Bioethics, 2003, p. 267).

Other Lutherans, myself included, would be more open to the use of psychopharmaceuticals to alleviate "the psychic pains of ordinary life," on the grounds that if a drug helps someone (apart from the placebo effect), it means that they have the condition that the drug is designed to affect, whether or not they have been diagnosed as being 'ill.' Without the condition, the drug would have no effect at all. Thus responsible use of these drugs is, in some sense, therapeutic, and should not be mislabeled a 'cosmetic psychopharmacology.' Second, it may be that the drugs merely allow the person to perform those personality and character building tasks that the President's Council calls for – something they were unable to do before. In this way, the medicine may be a necessary prerequisite rather than a substitute for human effort. Finally, a Lutheran should understand that prayer, confession, and spiritual discipline and struggle may not always be enough.

Luther, no stranger to melancholy, knew this very well. Over dinner with his students, he offered the following advice.

Having been taught by experience I can say how you ought to restore your spirit when you suffer from spiritual depression. When assailed by gloom, despair, or a troubled conscience you should eat, drink, and talk with others. If it will help you to think of a girl, do so. Other remedies are suitable for other persons. Copious drinking benefits me when I am in that condition. But I would not advise a young person to drink more because this might stimulate his sexual desire. (Luther, 1967, pp. 17-18)

[Elsewhere he says] If you are sad, seek whatever relief you can. I absolve you from all pastimes through which you seek recreation, except such as are manifest sins, no matter whether they are eating, drinking, dancing, gaming, or anything else. (Luther, 1967, p. 76)

In summary, it is hard to imagine that Luther would deny troubled souls pharmaceutical assistance in seeking that wholeness and well-being that might enable them to live "abundantly in relationship with God and in loving service to our neighbor."

An Islamic Perspective
Mohamad Abdalla

Since its inception, Islam recognized – and offered solutions for – physical and spiritual diseases. In addressing the question of happiness and achieving personal fulfillment, classical and contemporary Muslim scholars realized that while physical diseases can be treated using medical technologies and psychopharmaceuticals, spiritual diseases require different, non-quantifiable, ‘medicine.’ Islam allows the use of cosmetic psychopharmacology as a means of ‘self-improvement.’ It also prescribes ‘spiritual’ guidelines or remedies for achieving ‘more fulfilling and productive lives’. Reliance on drugs alone, therefore, has the potential to undermine or compromise certain Islamic values and goals.

Muslim scholars agree that it is permissible to use medicine for healing. This consensus is derived directly from the Qur’an and Hadith (Qur’an, 24:61; 2:196; 2:10; 24:50); Prophet Muhammad said: “Every disease has a cure,” and “God did not send down a disease but He also sent down a cure.” The Qur’an reminds humans to: “Seek the life to come by means of what God granted you, but do not neglect your rightful share in this world” (28:77; cf. also 2:195 and 4:29).

Accordingly, Muslim scholars agree that one can seek a meaningful life and increase happiness by whatever *lawful* and *legal* means possible. However, reliance on this method alone has the potential to undermine one’s true goal in life – that is, enrichment of the soul and joy in the life to come. Reliance on psychopharmaceuticals may also “undermine the humanistic, existential view of human nature – the belief that each human being has the task of learning to live by principles and by higher values, such as liberty, personal responsibility, and love” (Breggin, 2003, p. 35). The “alchemy” of happiness, as Imam al-Ghazali (1910) calls it, can be achieved only if one gains cognizance of one’s self, God, the true nature of this world, and the next world.

Unlike the modern scientific attempt at “making the soul (or person or psyche) content with itself, regardless of what state that soul may be in,” Islam — like other religious traditions — suggest that we turn our attention to “the spiritual, non-physical side that is part of every human” (Zarabozo, 2002, p. 30). Put differently, attention needs to be paid to spiritual matters that cannot be quantified if one is to achieve personal fulfillment and increase happiness.

In the ninth century, Al Ash’ath Bin Qais Al-Kindi (801 – 866) argued that “If causes of pain are discernable, the cures can be found,” (Haque 2004, p. 361) and so he recommends that:

...if we do not tolerate losing or dislike being deprived of what is dear to us, then we should seek after riches in the world of the intellect. In it we should treasure our precious and cherished gains where they can never be dispossessed...for that which is owned by our senses could easily be taken away from us. (Haque, 2004, p. 361)

One of the most important works on the question of happiness was compiled by Abu Hamid Muhammad Al-Ghazali (1058 – 1111). Al-Ghazali suggested that human nature “centred on discovering the ‘self,’ its ultimate purpose, and causes of its misery and happiness” (Haque, 2004, p. 366). Al-Ghazali described physical and spiritual diseases, the latter being the more dangerous included “self-centeredness, addiction to wealth, fame and status, ignorance, cowardice, cruelty, lust, doubt, malevolence, calumny, envy, deceit, and avarice” (Haque, 2004, p. 368). These are ‘diseases’ that lead to unhappiness and cannot be cured with psychopharmaceuticals.

Islam, as a religion and a way of life, does not condemn the use and application of medicine and medical technologies in seeking cures for physical illness. There is ample textual and historical evidence to demonstrate this. However, reliance on these is not sufficient to attain happiness and more fulfilling and productive lives. To do so it is necessary to resort to a process of purification of the self that aims to rid it of unquantifiable diseases such as jealousy, malice, hatred and arrogance. A failure to do this can essentially lead to a false sense of happiness.

A Jewish Perspective

Lisa Soleymani Lehmann

In his essay, *No Time for Neutrality*, Abraham Joshua Heschel wrote: "Most vividly the Jews feel that the world is not redeemed, that the present order of things is appalling. There is no anxiety in Judaism about personal salvation. What matters is universal salvation" (1996, p. 78). Heschel is responding to the religious tendency to focus on personal fulfillment and growth over and above social action. In his opinion, Judaism is far more about relating to the 'other' than it is about relating to the self. In Judaism, living a meaningful life is not about a quest for personal fulfillment; rather, meaning is derived through a life of service to God and doing good deeds in the world. On this view, there is no separation between serving God, a meaningful spiritual life and social transformation.

The fundamental religious concept that underlies this view of the spiritual purpose of life is *tikun olam* – repairing the world. Isaac Luria, a sixteenth century kabbalist, used this phrase to encapsulate the true role of human beings in the world. Luria described creation as a process by which God contracted the divine self in order to make room for the world. In the Lurianic creation story, God created the world by forming vessels of light to hold the divine light. Some of the vessels, however, were too weak to contain the light and they shattered. This catastrophic shattering resulted in a mixture of divine light with the shells of the vessels and the process resulted in the introduction of evil into the world. Our task as human beings is, therefore, to help God by freeing and reuniting the scattered light, raising the sparks back to divinity and restoring the broken world. This kabbalistic vision of *tikun olam* introduces the idea that human behavior can have an effect on both the world and God.

From a Jewish perspective, personal fulfillment is not central to living a meaningful life. A more compelling question is whether it is permissible to use medical technology to help individuals achieve their full potential so that they can work towards the religious value of *tikun olam*. The answer to this question depends on an assessment of the risks and benefits of the technology to both individuals and to society.

Modern medicine is blessed with a therapeutic armamentarium that is increasingly effective at treating mental illness. It should be no surprise, however, that these same drugs can be used to enhance well-being, creativity, and performance in the absence of mental illness. The possibility of enhancing our personality and character traits raises vexing moral questions about the boundary between illness and health, the risks versus benefits of psychopharmacological medications, the potential for social coercion, justice, the meaning and value of identity and authenticity, and the role of happiness and personal fulfillment in our understanding of the meaning of life.

There is no direct discussion of the use of enhancing medications within the corpus of Jewish Law. Questions about the permissibility of cosmetic surgery are, however, analogous in that they raise the fundamental theological question about whether human beings should

improve God's creation. It could be argued that God created human beings exactly as we should be and that any effort on our part to enhance ourselves is an affront to God's judgment. Although Judaism clearly embraces the use of modern medicine and gives physicians a license to heal, it is not as clear that it is permissible to enhance ourselves where there is no illness.

Rabbi Joseph B. Soloveitchik develops a theology that embraces the idea of human beings as partners with God in creation. He states: "Halakhic man is a man who longs to create, to bring into being something new, something original.....this extends into the practical domain, into the real world...The idea of creation is the central idea in the halakhic consciousness – the idea of the importance of man as a partner of the Almighty in the act of creation..." (1983, p. 99). According to Soloveitchik when we create something new, when we improve ourselves and the world, we are not usurping God's role. Rather, by seeking to improve the world we are imitating God as the supreme creator and also partnering with God. Far from being something that we should avoid, this is in fact our uniquely human task in life. As the Psalmist says, "the heavens are the heavens of God" yet, "the earth God has given to the children of man" (Psalms, 115:16). God gave human beings control of the world and in so doing we are not only permitted, but encouraged to develop our creativity, ingenuity, and intellect to make the world a better place (Nachmanidies 2005). This idea is reiterated in *Pesikta Rabbati* where a clever translation of the phrase "*asher bara elokhim la'asot*"-- "which God created—to do" in *Genesis* 2:1-3 is suggested by arguing that it is the responsibility of human beings, not God, "to do" (*Pesikta Rabbati*, 94). In other words, human beings are mandated to complete God's creation. These sources provide a foundation for Judaism to embrace the use of scientific knowledge and technology to improve the world. From this perspective, Judaism would allow the use of psychopharmaceuticals for the purpose of achieving our full human potential and our God given task of improving the world.

Although most authorities within Judaism generally have a positive view of scientific advancement, the implications of using psychopharmaceuticals for both the individual and society must be considered. The decision to support the use of these drugs for enhancement needs to be weighed against the potential harm to individuals and to society. Methylphenidate (Ritalin), a central nervous system (CNS) stimulant commonly used to treat attention deficit hyperactivity disorder, entails a risk of cardiac side effects among older individuals and a risk of dependence if used for prolonged periods (Kollins, MacDonald, & Rush, 2001). Modafinil (Provigil) is safer but has also been associated with some mild side effects such as headache, nausea and anxiety (Caldwell, Caldwell, Smythe, & Hall, 2000). The significance of these risks is increased because the consumer is not using these drugs to treat disease or illness that does not itself carry risks. These concerns about safety, however, are likely not sufficient to restrict the use of these medications even among healthy individuals. And it is highly likely that as science advances and as the demand for these drugs increases we will have developed medications that have a safer side effect profile. For example, Atomoxetine is a relatively new selective Norepinephrine reuptake inhibitor that has little risk of dependence (Michelson, et al., 2003). Judaism allows individuals to assume a minimal amount of risk even for non-life threatening situations. The basis of this is a concept of "*shomer pesaim hashem*" that "*God watches over the simple*" (Psalms, 116:6 & Babylonian Talmud Shabbat, 129b). It may be very reasonable for individuals to accept mild side effects for the benefit of greater focus and productivity. Concerns about safety are, therefore, unlikely to be a compelling reason to prohibit the use of these medications.

One possible harm to society to consider is a potential for increased social disparities. The use of CNS stimulants to enhance intellectual abilities is likely to lead to increased disparities between the rich and poor. Those who have financial means will have access to these medications and will thus be able to perform better, achieve better grades and test scores. This is likely to lead to increased opportunity, better jobs, greater career advancement and financial success. Is the possibility of increased social disparities, however, a reason to discourage or restrict the use of these medications? The fact that everyone cannot afford a personal tutor is not a reason to not allow those who can afford this luxury to use their financial resources in the way that they so choose and in a way that will help them achieve their personal goals. We might even argue that society is actually better off by having individuals who, with the assistance of CNS stimulants, are able to achieve and contribute more to society.

It might be unfortunate that not everyone can have access to these medications, but from a Jewish perspective that is not a reason to prevent others from using them. The Jewish ideal of *tikun olam*, repairing the world, can be interpreted as a call for both *tzedakah*, charity, and *tzedek*, justice (Westheimer, 2001). *Tzedakah* is a gift given to respond to an immediate need, while *tzedek* is a strategy designed to resolve social inequities. Both are necessary in a society that seeks to be fair and just to all. *Tzedakah* is short-term and *tzedek* is long-term. *Tzedakah* is given to individuals directly (or to organizations that serve individuals), and *tzedek* is focused on redesigning the structures of society. In the book of *Leviticus*, we are instructed: “When you reap the harvest of your land, do not reap to the very edges of your field or gather the gleanings of your harvest. Do not go over your vineyard a second time or pick up the grapes that have fallen. Leave them for the poor and the alien. I am the Lord your God” (Leviticus, 19:9-10). These biblical verses convey a religious duty to the poor and in so doing a correlative right of the poor to receive the corners of the fields. Judaism is deeply concerned with addressing social inequality. The solution to the poor person’s need for food, however, is not to level the playing field and argue that the farmer should desist from planting fields or harvesting crops. Rather, it is to acknowledge the potential inequity and develop a communal structure to respond to social disparities. If there is a benefit to individuals and to society from using psychopharmaceuticals for purposes of enhancement we should find creative ways to ensure that all members of society have equal access to these medications.

The permissibility of using psychopharmaceuticals to enhance ourselves is dependent on a case by case analysis of the risks and benefits of using these medications to individuals and to society. I have tried to show that Judaism is generally favorably predisposed toward the use of new medications and technology that are safe, effective and help us achieve our religious ideal of *tikun olam*.

A Hindu Perspective Deepak Sarma

Hinduism is a relatively modern term and taxonomic category used to encompass many of the ritual, textual, and philosophical traditions and practices that trace their origins to India. While the diversity of Hinduism makes it problematic to claim that it has one unifying doctrine, it is possible to claim that all Hindu traditions and practices presuppose the mechanism of *karma*, that one’s actions in earlier lives affected both one’s rebirth and the events that are to occur in one’s future lives. One accumulates some combination of *punya* (meritorious *karma*) and *pāpa* (demeritorious *karma*) – popularly rendered in the West as ‘good’ and ‘bad’ *karma*—and is born again and again in *samsāra* (the cycle of worldly existence). One manifests one’s *prārabdha* (latent) *karma* over time. That is, an individual’s

accumulated *karma*, both *punya* and *pāpa*, manifests itself until it is depleted or until more is accrued. This manifestation can occur in one lifetime, or over future ones, when one is reborn in *samsāra*. All Hindus ultimately seek to end this seemingly endless cycle and to attain *mokṣa*, the state that sentient beings enter after being liberated from *samsāra*, the cycle, a state that is certainly without suffering.

According to this mechanism of causality agents are directly responsible for the suffering (physical, mental, spiritual, existential, and so on) that they are experiencing. While they may act in ways to mitigate this suffering, both in the immediate and in the long term (over future lives), there is a degree to which Hindus accept, and even embrace, its inevitability.

In the medical context, such an etiology can mean that some Hindus would welcome mental illness rather than try to alleviate it. Prescription drugs, and especially ‘cosmetic pharmacology’, are not desirable if the Hindu devotee believes that her/his mental illness is the expression and manifestation of *pāpa* (demeritorious) *karma*. A devotee may believe that relieving mental illness and/or artificially enhancing ones happiness etc. may merely delay the manifestation of *pāpa karma*. The relief, then, would only be temporary and may even incur more *pāpa* and prolong or intensify the inescapable.

It may seem, at first glance, that Hindus’ lives are predestined; that suffering is a result of an unseen fate, the consequence of past actions. The position, however, is not fatalism. Rather, it is a matter of accountability. The sufferer holds her/himself responsible for the current situation, even if the actions that led up to it are beyond her/his range of knowledge or perception and are merely inferred.

What, then, is the place of pharmacology given the Hindu interpretation of suffering? Is the relief of depression and other mental illnesses via pharmacology acceptable? Or, contrarily, is enhancing normal states, such as happiness, contentment, and confidence, through the use of ‘cosmetic pharmacology’ permissible?

While Hindus may accept depression and other mental illnesses as a result of *karma*, they are not, in principle, against attempting to alleviate it, as long as the patient/ devotee (or those who make decisions on behalf of the patient if the patient is unable) is aware of and accepts the potential for long-term consequences (delayed or increased *pāpa*). A patient/ devotee may see the illness as preventing or hindering other activities that facilitate or expedite her/ his attempt to attain *mokṣa*. A devotee, for example, with bi-polar affective disorder, may justify using therapeutic medication so that s/he may be able to get out of bed and walk to a nearby temple to worship.

In contrast, a person who is not suffering from depression should not take a drug that artificially enhances her/his happiness, energy levels, etc. and merely improves normal abilities. If, for example, a devotee took a stimulant that made it possible for her/him to stay awake in order to participate in an all-night religious ritual to generate *punya* (meritorious *karma*), that person would incur less *punya* than a devotee who remained awake by means of her/ his own natural abilities.

A woman who knows that her menstrual cycle will coincide with visits to sacred sites or with religious rituals (and that menstruating women would be forbidden from participating) would be requesting cosmetic pharmacology if she asked her doctor for birth control to manipulate her menstrual cycle. In so doing she could concurrently delay her ovulation as well as modify her mood. Instead, she ought to accept that her inability to participate in the

visit or the ritual is a result of her *pāpa karma*. By manipulating her menstrual cycle through chemical means she may merely delay the manifestation of, and inevitability of, her *pāpa karma*.

Cosmetic pharmacology is thus condoned in Hinduism as long as those who use it recognize and accept the potential for long-term consequences.

DISCUSSION

The distinction between treatment and enhancement is often used to differentiate the treatment of disease from auxiliary endeavors in medicine, and thereby establish the former as medicine's primary goal (President's Council on Bioethics, 2003). The distinction is then used as a basis for differentiating appropriate from inappropriate uses of medical technologies (Parens, 1998). However, the distinction between treatment and enhancement is not always easy to draw. Some of these difficulties are raised explicitly by our religious co-authors. Others reveal themselves when our religious commentators themselves blur the line between therapy and enhancement. This definitional confusion is not, of course, simply a problem for religious faiths as a survey of the extant literature on enhancement confirms that this border is also a site of ongoing dispute in the secular literature.

Some argue that the concept of enhancement is inherently ambiguous, and stress that both treatment and enhancement are 'improvements' in function or biology (President's Council on Bioethics, 2003). In the case of enhancement technologies in psychopharmacology, these conceptual problems are exacerbated by the complexities of mental illness. Symptoms such as emotions exist on a continuum, and it is not clear at what point an experience such as anxiety tips over into an 'anxiety disorder.' In part, this is because the distinction between therapy and enhancement seems to depend on the condition being 'treated' and what is considered enhancement in one context may be considered treatment in another (Parens, 1998; President's Council on Bioethics, 2003). Thus, the use of human growth hormone to treat growth hormone deficiency in children is therapy, whereas the use of growth hormone to increase a person's height – where they have no underlying hormonal disorder, is enhancement.

This seems to suggest that in order to distinguish between therapy and enhancement one must first be able to clearly distinguish the 'normal' from the 'pathological'. Enhancement can then be defined as simply making people 'better than normal'. The concept of normality is fundamentally ambiguous, however: norms can be 'purely descriptive' or they can be ideals. According to Boorse (1977, p. 542), the medical concept of health is based on the former: health is "statistical normality of function" and disease is a reduction or limitation of these functional norms. Religious or faith traditions, however, are concerned less with norms defined in physiological terms, but norms defined in terms of ideals or values which humans should embody. The 'normal' life, the fulfilling life, or the life that has meaning is, therefore, a central concern for all faith traditions. In order to understand the different positions advanced by our religious co-authors concerning enhancement technologies in psychopharmacology, it is therefore necessary to attend to the goals and values operationalized by the different faith traditions in response to our question about personal fulfillment.

The idea of a meaningful or fulfilling life is also a secular notion and is consistent with secular individualism. As Elliott (1998) puts it, the self is a 'project' we are all encouraged to participate in, so personal fulfillment is not merely an activity in which we pursue individual

goals; it is also a “moral ideal” in its own right; it is essential to live a truly worthwhile or meaningful life. Of our religious commentaries, only the Buddhist commentary explicitly accepts the goal of personal fulfillment as being consistent with a central religious ideal – that of striving toward enlightenment. The Hindu commentary implicitly subsumes the pursuit of personal fulfillment within the higher goal of escaping the cycle of rebirth. The goal of personal fulfillment presents more of a challenge to Lutheranism, but it is accommodated by being re-constructed as an aspect of health and by granting persons stewardship over their own bodies. In contrast, the Catholic, Islamic, and Jewish commentaries all explicitly reject the ideal of personal fulfillment in favor of a ‘higher’ ideal. Catholicism calls for self-transcendence; Islam calls for enrichment of the soul and a form of spiritual self-awareness that is possible only through intellectual effort, and the Jewish commentary calls for service to God and good deeds.

Collectively, the commentaries arrive at three very different conclusions on the issue of enhancement technologies in psychopharmacology. The first is that such technologies should be rejected outright; the second is that they are contingently permissible, and the third is that they should be encouraged. In each of these positions, two concerns are evident. The first concerns the question of *effort* and the second concerns whether or not the effects of these enhancement technologies undermine an important religious value or interfere with an important religious goal.

The idea of effort helps to explain why enhancement is deeply problematic, and also why it is acceptable and even meritorious from a religious point of view. The Buddhist commentary rejects psychopharmacological enhancements on the basis that they do not provide a means to attain the ultimate goal of enlightenment. Any apparent benefits are considered inauthentic and pursuing them can lead to undesirable outcomes such as dependency. In effect, they are seen as a way of ‘cheating’ whereas there are no ‘short cuts’ to enlightenment; there is no avoiding the *effort* which is necessary, but not sufficient, for this achievement.

The Lutheran, Catholic, Islamic, and Hindu commentaries all see enhancement technologies in psychopharmacology as *contingently* morally permissible. They are permissible, in other words, granted certain *ifs* and *buts*. For example, they are permissible *if* they allow one to pursue morally praiseworthy aims such as promoting physical, mental, or spiritual well-being. *But* in certain cases the outcomes may not be authentic – there might be adverse unintended consequences in the form of harms to self or society, or they might also undermine important goals of religious life. These *ifs* and *buts* provide criteria for evaluating enhancement technologies that are specific to each tradition. The Catholic tradition relies on natural law as the source for determining goals and harms whereas the other three traditions implicate individual effort: to serve God and neighbor (Lutheran), to purify the self (Islam), and to accumulate meritorious karma (Hindu), each of which may be diminished by enhancement technologies.

Effort is also implicated in the Jewish commentary, and helps us to understand why enhancement is accepted and even encouraged by the Jewish faith. If one accepts Halakhic ideals, then provided the benefits of using any particular technology outweigh the harms, enhancement is not only acceptable but also meritorious (notwithstanding equity concerns) because it strives to repair the world.

This attention to the goals, risks and benefits of psychopharmacology and to the consideration of meaning and authenticity also lie at the heart of secular debate around

enhancement technologies in psychopharmacology. Some secular commentators argue that improving human characteristics beyond what is 'normal' is morally permissible if the means for doing so are legal and if the benefits outweigh the harms (Cerullo, 2006). In this view, the decision to undertake cosmesis – whether surgical or pharmacological – falls within the scope of personal autonomy. The emotional and/or psychological benefits derived from these technologies are considered no different to those achieved through other means such as education or therapy. Other secular commentators argue that the means by which these physical or psychological capacities are achieved are morally significant. Means that operate directly on our bodies may lead us to overlook other sources of change, well-being or support, and thereby lead to qualitatively different moral outcomes (Parens, 1998).

For other secular commentators, it is not only the means which are morally significant, but also the ends to which they are directed. And because the ends are ultimately concerned with 'redressing' imperfections and restoring or improving function, such judgments are inevitably concerned not with how things are, but how they ought to be (Hacking, 1991). Norms are hereby transferred to the social and political sphere as things toward which human beings should aspire. Consequently, the individualist tradition and its prizing of self-fulfillment, authenticity, and responsibility becomes a subject of additional scrutiny to the extent that it has transformed our normative frameworks (Ehrenberg, 2010; Elliott, 1998). The modern view that persons are best thought of atomistic and autonomous in the conduct of their own lives, according to these critics, results in an inward turn which detaches persons from other sources of value, meaning, and support in evaluating their lives and their worlds (Elliott, 1998; Gergen, 2009).

This incursion into the domain of human nature and existence presents a number of obvious challenges for contemporary bioethics. Discussion no longer centers entirely on the goals and practice of medicine (although these continue to be seen as important), but includes issues more closely related to discussions about the goals of society and the kinds of persons we are and aspire to be (Parens, 1998; Hansen, 2008). Therefore, while a contemporary bioethical analysis based on notions of harm, benefit, autonomy, and equity may be adequate for dealing with issues relating to the goals and practice of medicine, they appear less well suited to broader questions about human identity and the meaning of life – questions more central to philosophical or religious enquiry.

Those who mistrust metaphysical arguments are critical, however, of broad-ranging discussion about the human condition, or human flourishing, or the value of sadness and alienation. For example, works by Elliott (1998; 2003; 2004) and the President's Council on Bioethics (2003) have been criticized for valorizing mental suffering and moralizing human nature (Hansen, 2008; Kramer, 2000; Schermer, 2008). The latter has also drawn strong criticism for cloaking religious arguments in secular garb (Hansen, 2008; Strong, 2005). To have any traction in bioethical debate, these critics argue, religious language needs to be translated into secular concepts.

But, as Habermas (2003, p. 110) argues, the secularizing force of reason has not always been able to meet these demands.

When sin was converted to culpability, and the breaking of divine commands to an offence against human laws, something was lost. The wish for forgiveness is still bound up with the unsentimental wish to undo the harm inflicted on others.

Given the theological origins of ethical thought and the fluid borders between philosophy and religion, the settling of conceptual disputes according to Habermas should be a mutual, co-operative task between religion and philosophy. Secular and religious scholars are thereby enjoined to contribute to the retrieval and rehabilitation of important sources of meaning.

The religious commentaries presented here provide a range of concepts and meanings for making sense of enhancement technologies in psychopharmacology – concepts that both complement and extend secular perspectives. Their value, therefore, lies not in convincing us of a basis for religious conviction, but in helping us to articulate human concerns, values, meanings and experiences. Just as bioethics can benefit from concepts of human flourishing which have their roots in naturalistic philosophy or secular humanism, the discussion of enhancement technologies should benefit from these alternative perspectives without asking that we fully accept them. We hope the perspectives offered here serve as an example of this modest undertaking.

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